

HELLER EHRMAN WHITE & MCAULIFFE LLP
Sheet 1 of 18
Title: METHOD FOR SELECTING MEDICAL AND
BIOCHEMICAL DIAGNOSTIC TESTS USING NEURAL
NETWORK-RELATED APPLICATIONS
Docket No.: 24727-801F, LaFollette, et al.
Filed: January 11, 2002

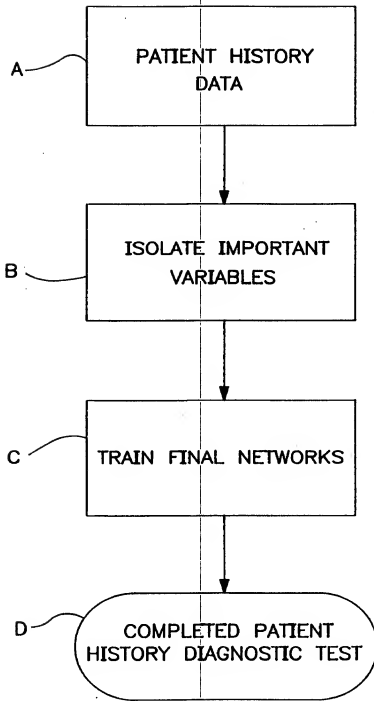


FIG. 1

HELLER EHRMAN WHITE & MCAULIFFE LLP
 Sheet 2 of 18
 Title: METHOD FOR SELECTING MEDICAL AND
 BIOCHEMICAL DIAGNOSTIC TESTS USING NEURAL
 NETWORK-RELATED APPLICATIONS
 Docket No.: 24727-801F, LaPointe, et al.
 Filed: January 11, 2002

FIG. 2

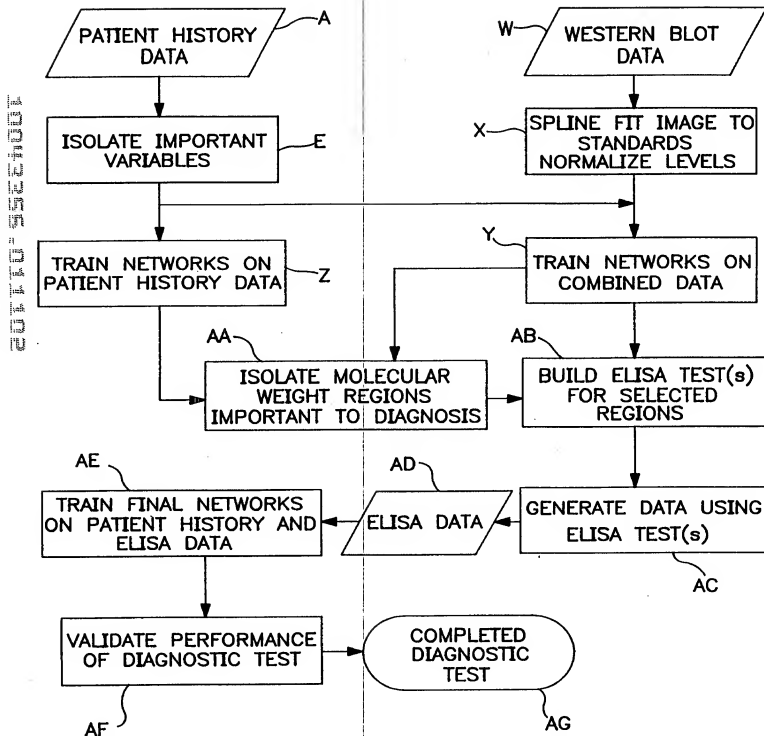
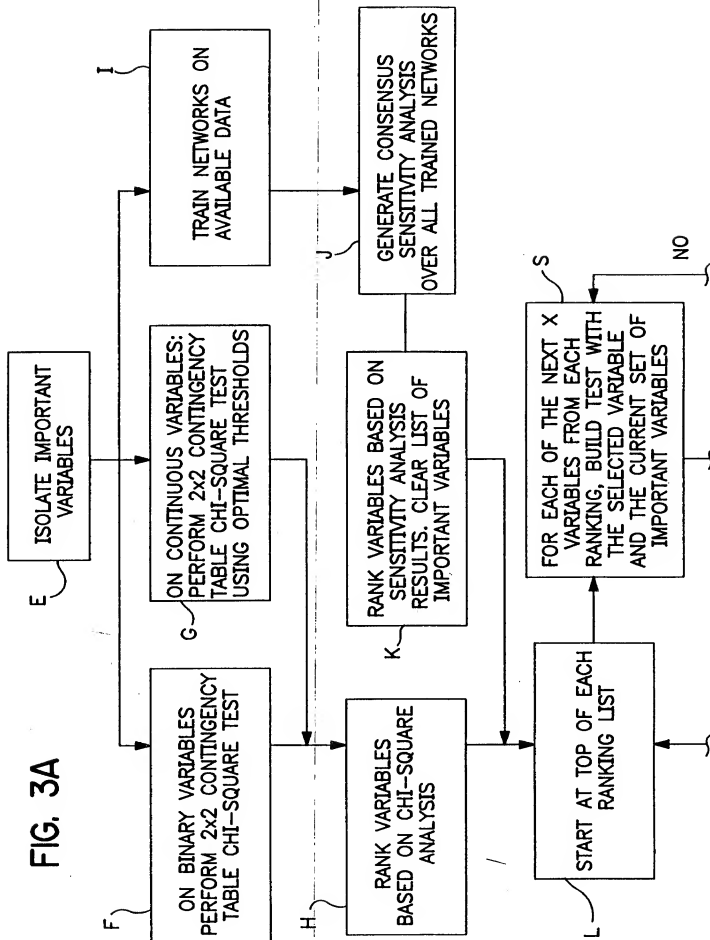


FIG. 3A



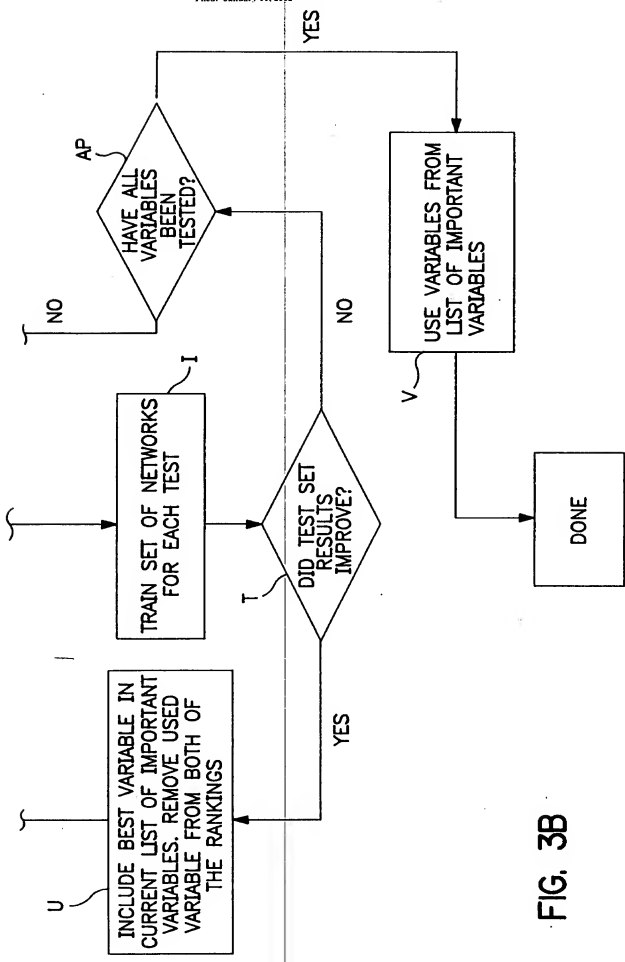


FIG. 3B

201110-9527001

HELLER EHRMAN WHITE & MCAULIFFE LLP
 Sheet 5 of 18
 Title: METHOD FOR SELECTING MEDICAL AND
 BIOCHEMICAL DIAGNOSTIC TESTS USING NEURAL
 NETWORK-RELATED APPLICATIONS
 Docket No.: 24727-801P, LaPointe, et al.
 Filed: January 11, 2002

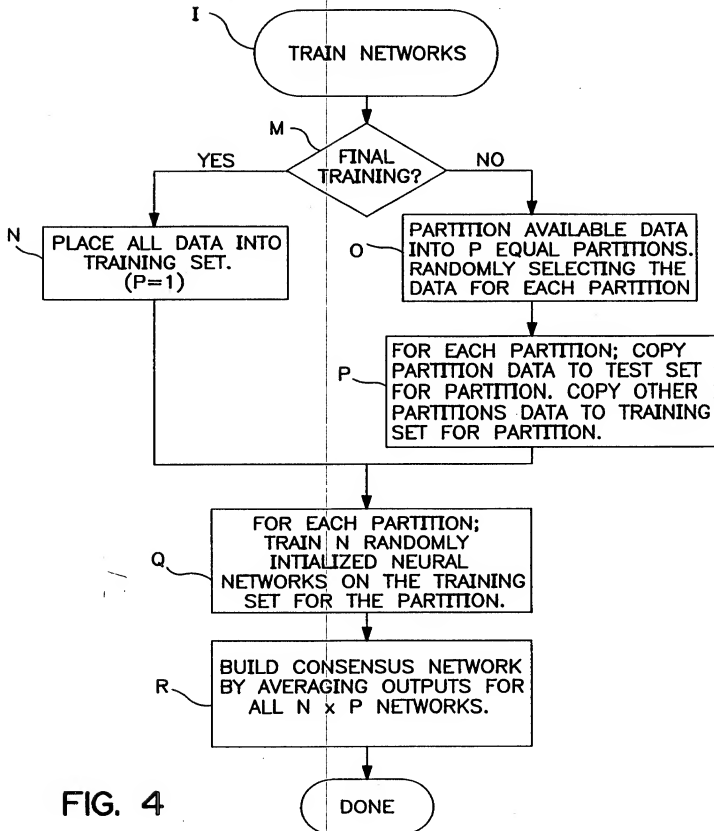


FIG. 4

HELLER EHRMAN WHITE & MCAULIFFE LLP
 Sheet 6 of 18
 Title: METHOD FOR SELECTING MEDICAL AND
 BIOCHEMICAL DIAGNOSTIC TESTS USING NEURAL
 NETWORK-RELATED APPLICATIONS
 Docket No.: 24727-0017; LaPointe, et al.
 Filed: January 11, 2002

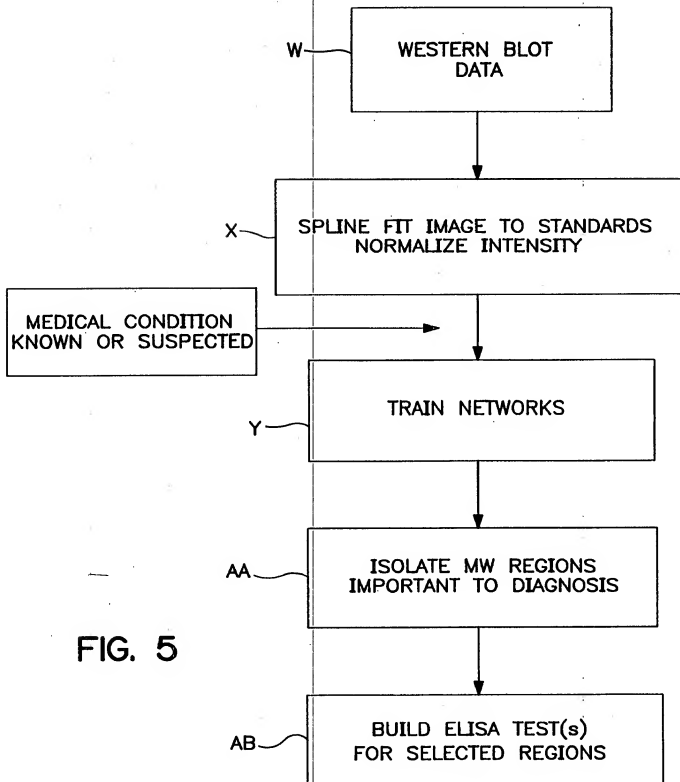


FIG. 5

HELLER EHRMAN WHITE & MCAULIFFE LLP
 Sheet 7 of 18
 Title: METHOD FOR SELECTING MEDICAL AND
 BIOCHEMICAL DIAGNOSTIC TESTS USING NEURAL
 NETWORK-RELATED APPLICATIONS
 Docket No.: 14777-801F, LaPorte, et al.
 Filed: January 11, 2002

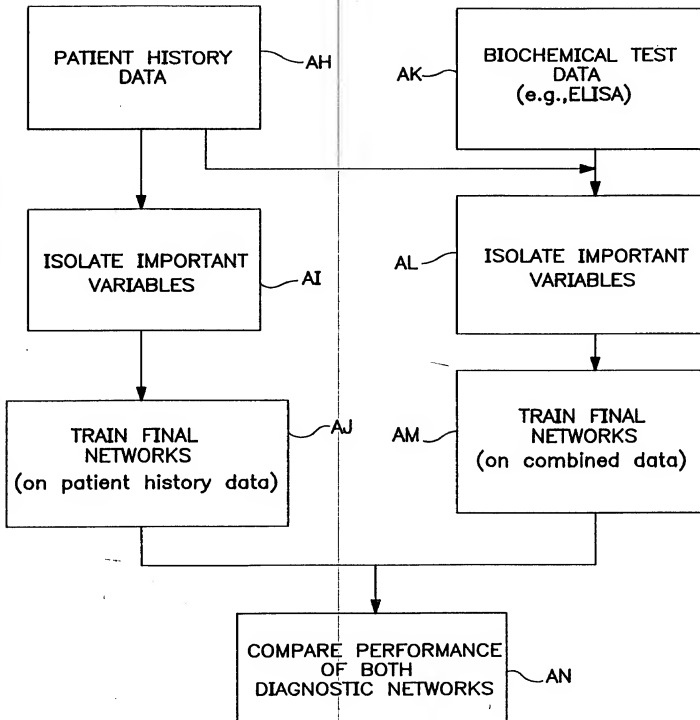
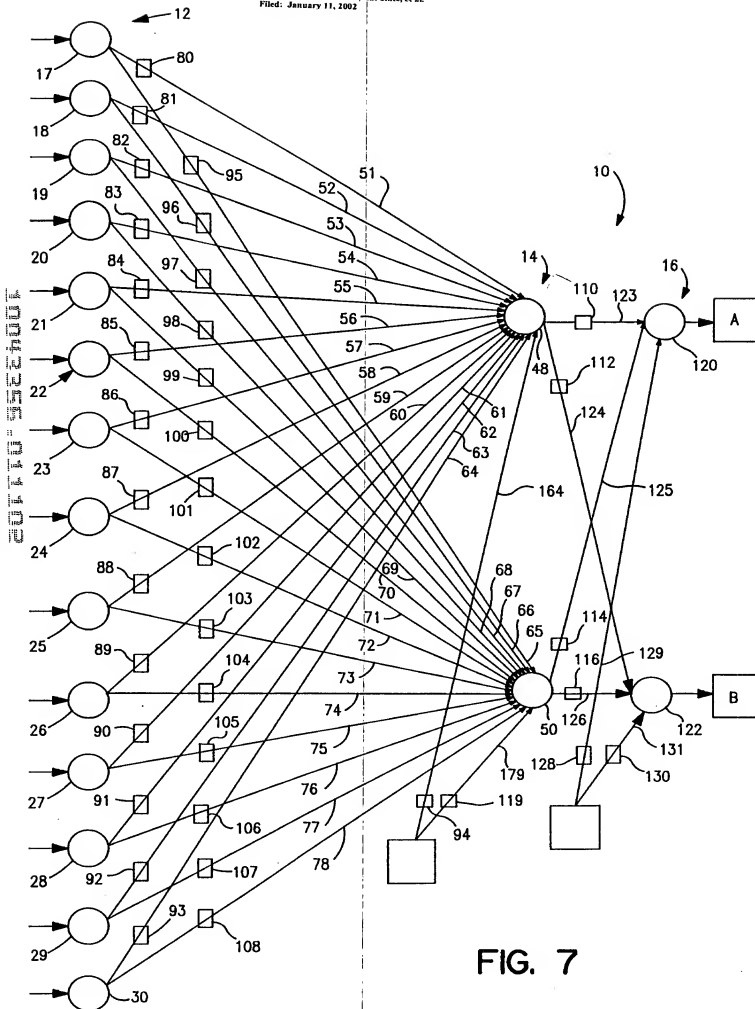


FIG. 6



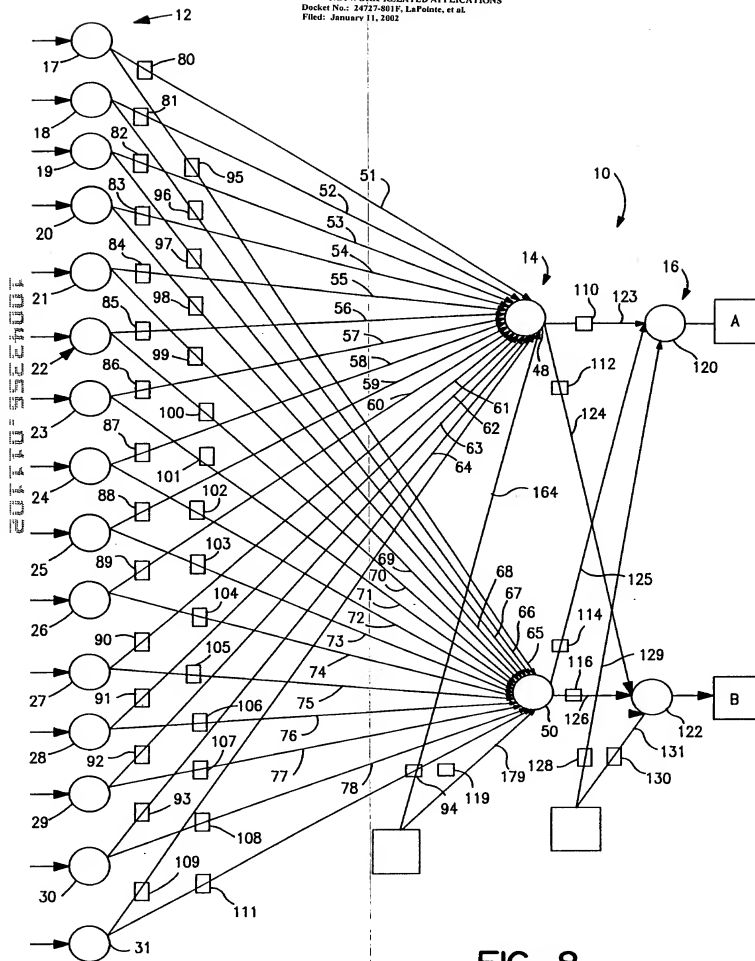


FIG. 8

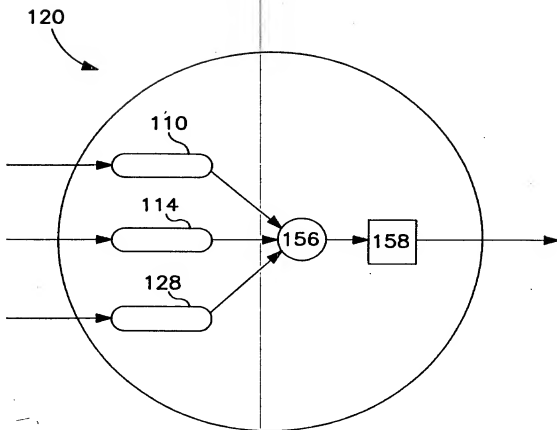


FIG. 9

HELLER EHRMAN WHITE & MCAULIFFE LLP
 Sheet 11 of 18
 Title: METHOD FOR SELECTING MEDICAL AND
 BIOCHEMICAL DIAGNOSTIC TESTS USING NEURAL
 NETWORK-RELATED APPLICATIONS
 Docket No.: 24727-801F, LaPointe, et al
 Filed: January 11, 2002

20040322400

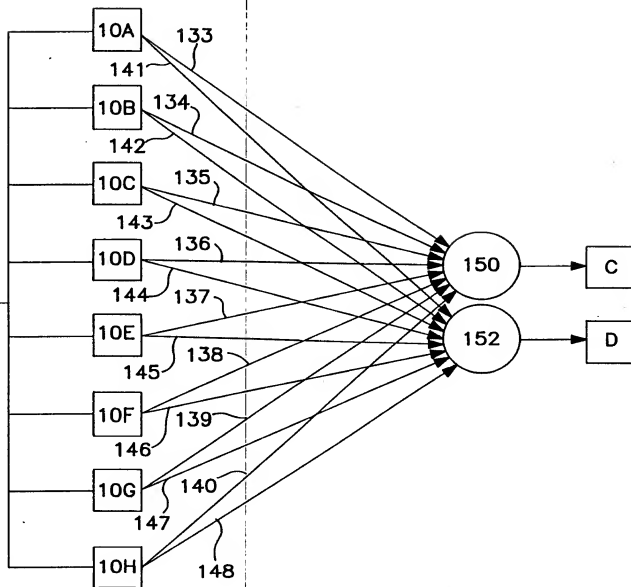


FIG. 10

20110-5527001

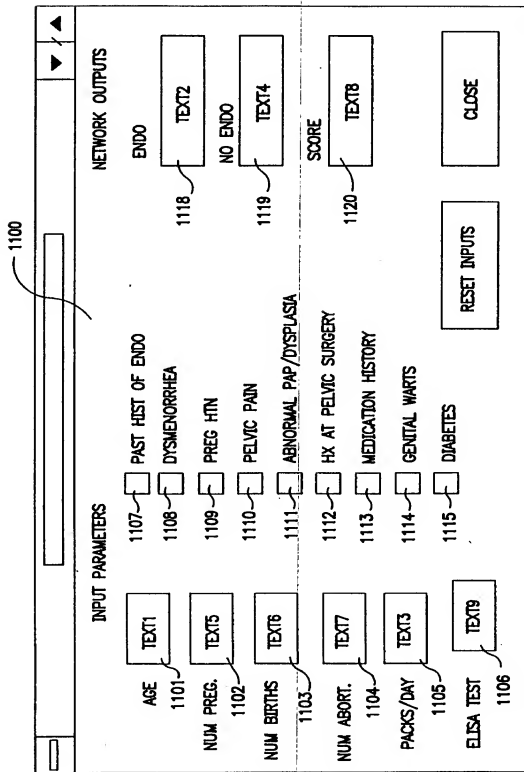


FIG. 11

FIG. 12

HELLER EHRMAN WHITE & MCAULIFFE LLP
 Sheet 14 of 18
 Title: METHOD FOR SELECTING MEDICAL AND
 BIOCHEMICAL DIAGNOSTIC TESTS USING NEURAL
 NETWORK-RELATED APPLICATIONS
 Docket No.: 24727-801F, LaPointe, et al.
 Filed: January 11, 2002

Pre-Term Delivery Risk Assessment Software: Data Entry Screen X	
Lab ID # 	
PATIENT INFORMATION	
Name(last) First M <input type="checkbox"/> DOB mm/dd/yy	Ethnic origin: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced/Seperated <input type="checkbox"/> Widowed <input type="checkbox"/> Living with partner <input type="checkbox"/> Other
PATIENT HISTORY AND CLINICAL INFORMATION	
At the time of sampling, was the patient experiencing signs and symptoms of possible preterm labor? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please mark all that apply.	
<input type="checkbox"/> Uterine contractions with or without pain Number/hr. <input type="checkbox"/> <1 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7-9 <input type="checkbox"/> 10-12 <input type="checkbox"/> >12 <input type="checkbox"/> Vaginal bleeding <input type="checkbox"/> Trace <input type="checkbox"/> Med. <input type="checkbox"/> Gross <input type="checkbox"/> Patient is not "feeling right"	<input type="checkbox"/> Bleeding during the second or third trimester <input type="checkbox"/> Intermittent lower abdominal pain, dull, low back pain, pelvic pressure <input type="checkbox"/> Change in vaginal discharge—amount, color, or consistency <input type="checkbox"/> Menstrual—like cramping (with or without diarrhea)
Gestational Age: EGA by first trimester sono ww.d EGA by LMP ww.d EGA at sampling ww.d	
Previous Pregnancy: Please mark all that apply:	
<input type="checkbox"/> Previous pregnancy: no complications <input type="checkbox"/> History of Preterm delivery If Yes, how many? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2 <input type="checkbox"/> History of Preterm PROM <input type="checkbox"/> History of incompetent cervix <input type="checkbox"/> History of PIH/preeclampsia <input type="checkbox"/> History of SAB prior to 20 wks.	Current Pregnancy: G: P: A: <input type="checkbox"/> Multiple Gestation <input type="checkbox"/> Twins <input type="checkbox"/> Triplets <input type="checkbox"/> Quads <input type="checkbox"/> Uterine or cervical abnormality <input type="checkbox"/> Cerclage <input type="checkbox"/> Gestational Diabetes <input type="checkbox"/> Hypertensive Disorders
Cervical Status immediately following sample collection: Dilatation(cm) <input type="checkbox"/> <1 <input type="checkbox"/> 1 <input type="checkbox"/> 1-2 <input type="checkbox"/> 2 <input type="checkbox"/> 2-3 <input type="checkbox"/> 3 <input type="checkbox"/> >3 <input type="checkbox"/> Unk. Cervical consistency <input type="checkbox"/> Firm <input type="checkbox"/> Mod <input type="checkbox"/> Soft	
Medications at Time of Test (check all that apply) <input type="checkbox"/> Antibiotics <input type="checkbox"/> Corticosteroids <input type="checkbox"/> Tocolysis <input type="checkbox"/> Insulin <input type="checkbox"/> Antihypertensives <input type="checkbox"/> None <input type="checkbox"/> Unknown	
Qualitative fFN Elisa Test Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	
Calculate risk Cancel	

FIG. 13

HELLER EHRMAN WHITE & MCAULIFFE LLP
 Sheet 15 of 18
 Title: METHOD FOR SELECTING MEDICAL AND
 BIOCHEMICAL DIAGNOSTIC TESTS USING NEURAL
 NETWORK-RELATED APPLICATIONS
 Docket No: 24727-801F, LaPointe, et al.
 Filed: January 11, 2002

FIG. 14

FIG. 15

Pre-Term Delivery Risk Assessment Software:
 Test Report Form

Lab ID #	
Patient Name:	
Pre-term Delivery Risk <34.6wks:	0.288432
Pre-term delivery Risk <7 days:	0.001721
Pre-term Delivery Risk <14 days:	0.001544

FIG. 16A

HELLER EHRMAN WHITE & MCAULIFFE LLP
 Sheet 16 of 18
 Title: METHOD FOR SELECTING MEDICAL AND
 BIOCHEMICAL DIAGNOSTIC TESTS USING NEURAL
 NETWORK-RELATED APPLICATIONS
 Docket No.: 24727-801F, LaPalme, et al.
 Filed: January 11, 2002

Pre-Term Delivery Risk Assessment Software: Data Entry Screen		Lab ID #	<input checked="" type="checkbox"/>
PATIENT INFORMATION			
Name(last)	First	M	Ethnic origin: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other
DOB mm/dd/yy	Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Living with partner <input type="checkbox"/> Other		
PATIENT HISTORY AND CLINICAL INFORMATION			
At the time of sampling, was the patient experiencing signs and symptoms of possible preterm labor? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, please mark all that apply.			
<input type="checkbox"/> Uterine contractions with or without pain Number/hr. <input type="checkbox"/> <1 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7-9 <input type="checkbox"/> 10-12 <input type="checkbox"/> >12		<input type="checkbox"/> Bleeding during the second or third trimester <input type="checkbox"/> Intermittent lower abdominal pain, dull, low back pain, pelvic pressure	
<input type="checkbox"/> Vaginal bleeding <input type="checkbox"/> Trace <input type="checkbox"/> Med. <input type="checkbox"/> Gross		<input type="checkbox"/> Change in vaginal discharge—amount, color, or consistency	
<input type="checkbox"/> Patient is not feeling right		<input type="checkbox"/> Menstrual-like cramping (with or without diarrhea)	
Gestational Age: EGA by first trimester sono. ww.d EGA by LMP ww.d EGA at sampling ww.d			
Previous Pregnancy: Please mark all that apply.		Current Pregnancy: G: P: A:	
<input type="checkbox"/> Previous pregnancy: no complications		<input type="checkbox"/> Multiple Gestation <input type="checkbox"/> Twins <input type="checkbox"/> Triplets <input type="checkbox"/> Quads	
<input type="checkbox"/> History of Preterm delivery If Yes, how many? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2		<input type="checkbox"/> Uterine or cervical abnormality	
<input type="checkbox"/> History of Preterm PROM		<input type="checkbox"/> Cerclage	
<input type="checkbox"/> History of incompetent cervix		<input type="checkbox"/> Gestational Diabetes	
<input type="checkbox"/> History of PIH/preeclampsia		<input type="checkbox"/> Hypertensive Disorders	
<input type="checkbox"/> History of SAB prior to 20 wks.			
Cervical status immediately following sample collection: <input type="checkbox"/> Firm <input type="checkbox"/> Soft			
Dilatation(cm) <input type="checkbox"/> <1 <input type="checkbox"/> 1 <input type="checkbox"/> 1-2 <input type="checkbox"/> 2 <input type="checkbox"/> 2-3 <input type="checkbox"/> 3 <input type="checkbox"/> >3 <input type="checkbox"/> Unknown Cervical consistency <input type="checkbox"/> Mod <input type="checkbox"/> Soft			
Medications at Time of Test (check all that apply)			
<input type="checkbox"/> Antibiotics <input type="checkbox"/> Corticosteroids <input type="checkbox"/> Tocolysis <input type="checkbox"/> Insulin <input type="checkbox"/> Antihypertensives <input type="checkbox"/> None <input type="checkbox"/> Unknown			
Qualitative fFN Elisa Test Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative			
Pre-term Delivery Risk <34.6wks: 0.288432			
Pre-term Delivery Risk <7 days: 0.001721			
Pre-term Delivery Risk <14 days: 0.001544			

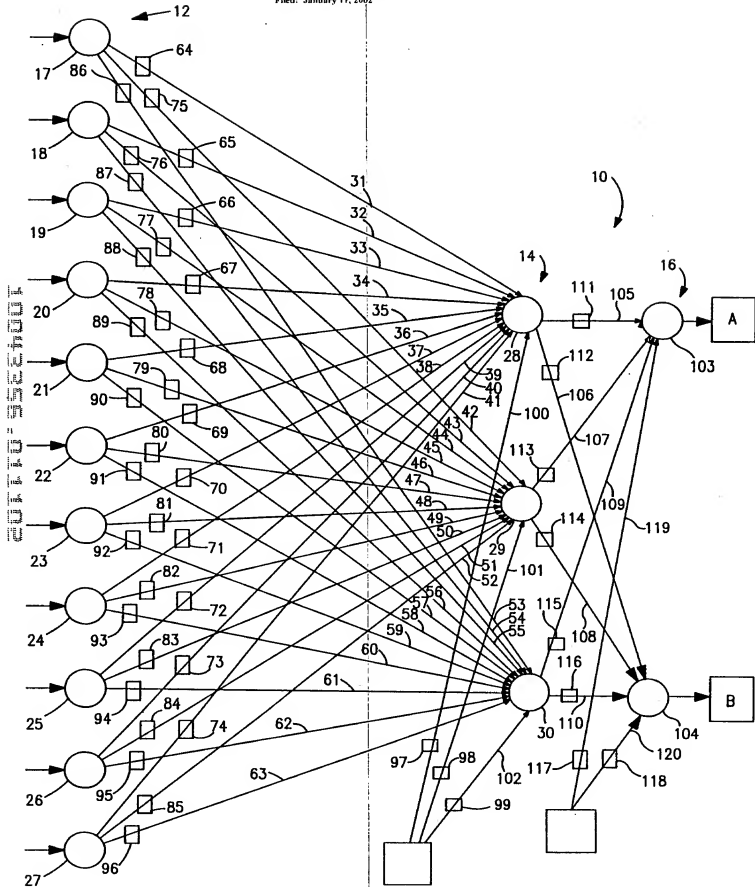


FIG. 17

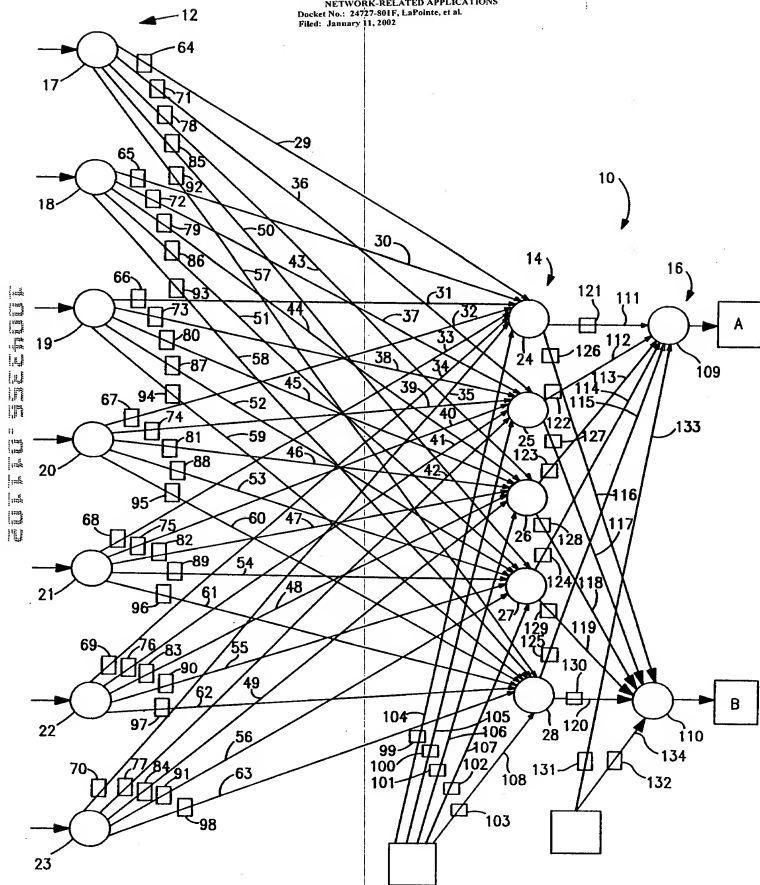


FIG. 18

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